



# St. Peter's Hospital

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EXHIBIT 5  
DATE 2-5-07  
HB 359

Date: February 5, 2007

To: The Honorable Members of the House Human Services Committee

From: Craig Linke

RE: HB 359

Upon review of HB 359, "An act requiring clinical laboratory testing to be conducted at an individual's request; and amending sections 33-22-303, 33-22-512, 33-22-1521, 33-30-1014, and 33-31-102, MCA", several concerns are raised.

Critical Values Reporting:

Hospital laboratories that participate in the CMS program in the State of Montana are accredited by a variety of agencies. (CAP, JCAHO, COLA) All of these agencies require that critical values (a result that may indicate a life threatening situation) be reported to a licensed caregiver. If this legislation goes forward as written, laboratories will be in violation of these accreditation standards. A licensed provider is unlikely to agree to be notified of critical values for a patient that they have not seen.

Direct Access Testing (DAT) Programs:

DAT programs are already allowed under State Law. These programs allow an individual to order many tests on themselves, without a physicians' order. These programs have a mechanism for reporting critical values to a physician sponsor and, therefore, provide a higher level of patient care. One of the differences between these programs and the proposed legislation is that laboratories can limit the scope of testing offered and can choose whether or not they offer these services to the public. Some laboratories choose to provide DAT, while others choose not to. There are inherent risks associated with these programs. One way to control these risks is to limit the menu of tests offered. Another way is to write very strong waiver of liability statements that consumers must sign before testing will be performed. If this legislation goes forward, a waiver of liability should be written into the HB 359 to protect laboratories.

Reference Lab Testing/Billing:

No single laboratory has an in-house testing menu large enough to offer all of the tests that an individual may request. However, through relationships with reference laboratories we can often find a laboratory that can perform the requested testing. Most reference laboratories will not bill individuals directly for testing. They bill the hospital laboratory. With complex testing, like genetic testing, or testing that may require reflex testing, we often do not know what the charge will be until after the tests have been performed. This would prevent the laboratory from charging the individual, "the lowest rate charged by the health care provider or laboratory providing the service if the individual is paying cash in advance;" as stated in the bill.

Other individuals and organizations have presented additional concerns about HB 359. I will avoid being redundant by repeating them. I do think there are many issues with the current language of the HB 359. If enacted as written, I believe the State would not be acting responsibly and in the best interest of the citizens of Montana. Please seriously consider revising or withdrawing this bill.

I would be happy to engage in further discussion.

Respectfully,

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